Holistic Homecare Ltd

Holistic Social Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Holistic Social Care Manchester on 9 and 12 June 2017. This was an announced inspection, which meant we gave the provider 24 hours' notice of our visit. This was because the service is a small domiciliary care agency and we wanted to be certain there would be someone available to facilitate our inspection. The inspection team consisted of one adult social care inspector.

Holistic Social Care Manchester is a domiciliary care agency and provides care and support to people within their own homes. The administrative office is located in Whalley Range, Manchester. At the time of this inspection the agency supported three people. This was the first inspection since the service was registered with the Care Quality Commission (CQC) in December 2015.

The service had a manager who had been registered with CQC since December 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the care and support they received from the agency. Staff we spoke with could tell us about the types of abuse and what action they would take if they suspected that abuse was taking place. Staff members had received mandatory safeguarding training. This meant people using the service were protected from risk as staff knew what to do if they identified concerns.

There were some risk assessments in place to help ensure staff knew how to support people safely. However not all aspects of a person's care had been risk assessed. This meant staff did not have sufficient information to manage risk safely. Risk assessments did not contain the dates on which the assessment had been done. This made it difficult to determine if these documents were up to date.

The agency implemented safe recruitment processes to help ensure care staff were fit for the job they were recruited to do. This should help to ensure people were kept safe from harm.

Medication support was not provided to anyone using the service at the time of this inspection. Some staff had been trained to administer medications in a safe manner.

People using the service and their relatives told us staff had never missed a visit and that care staff were consistent. Care staff were always introduced to the people they would be caring for prior to providing the service. This meant people were cared for by staff that were familiar with their care needs.

Staff were knowledgeable of good infection control practices, which should help to ensure people were protected from risk of infection. Relatives confirmed that staff wore personal protective equipment as required and they showed us where these were kept in their homes.

The agency had systems in place for reporting and recording accidents and incidents that took place within the service. Two incidents had been reported though neither incident had involved people using the service.

People and their relatives said care staff had the right skills and knowledge needed to undertake their caring role effectively. Care staff received an induction and mandatory training in key areas such as safeguarding and moving and handling. This should help to ensure that care staff supported people safely and effectively.

Care staff told us and records confirmed they received regular supervisions with their manager. This meant care staff were supported carry out in their role in an effective way.

Care staff always sought people's permission before they carried out their caring duties.

The registered manager and care staff were knowledgeable about the Mental Capacity Act and what that meant to them as care providers and the impact this legislation had on helping to ensure people's rights were protected.

Some care records we looked at were signed by people's relatives without the appropriate legal authorisation. While this demonstrated that family members were encouraged to be involved in the care planning process they do not automatically have legal authority to give permission for proposed care or support. The registered manager understood their role in relation to the mental capacity act and provided assurances they would implement the necessary changes to ensure consent to care was sought appropriately at all times.

Staff we spoke knew what to do if a person they were supporting required medical attention. People we spoke with were confident their care staff would help them according to their needs.

Care staff supported people with meal preparation thus helping to ensure people's dietary needs were met.

People and their relatives told us care staff were kind and caring. They said they got on well with staff and had developed a good rapport with them. Some care staff were of the same cultural backgrounds as the people they supported, speaking the same language and having a good cultural knowledge. This meant people felt cared for and supported by staff who understood their specific needs.

Care documentation contained detailed information about people's current and past experiences and their care needs. This provided staff with clear and specific information and helped to ensure people were supported in a responsive way.
People and their relatives knew how to make a complaint. We saw the service had effective systems in place to investigate these and to learn from any concerns that had been raised.

The agency had been commissioned by a clinical commissioning group to provide care and they were positive about the interactions they had had with the registered manager and the care staff. They told us the agency provided care and support that was person-centred and responsive to the person's needs.

People using the service and their relatives were complimentary about the service they received and would recommend the agency to others.

Care staff told us the registered manager was helpful and approachable and that the agency was a good organisation to work for.

There were some audit processes in place such as staff spot checks. We noted not all audit processes had been documented. We found errors in records which an effective audit system should have identified. This meant quality assurance processes needed to be more systematic to help ensure the quality of service was monitored effectively to prevent negative impact on people's wellbeing.

There were policies and procedures in place to help guide and support staff in their role. Staff meetings were held regularly and gave care staff the opportunity to discuss their work and receive management support.

We have made a recommendation that the provider implement more systematic quality assurance arrangements.

We found one breach in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People and relatives told us they felt safe with the service provided. The care staff providing the service were consistent and always attended visits as scheduled.

Not all care records contained specific risk assessments that provided clear direction to support staff to manage identified risks and meet people's individual needs.

All necessary pre-employment checks had been undertaken to help ensure staff employed were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People told us care staff were well trained to meet their care needs effectively.

The registered manager and care staff were knowledgeable about the Mental Capacity Act and how this law protected the rights of people they supported. Some care plans had been incorrectly signed by relatives.

Care staff received an induction and mandatory training. A programme of ongoing training was currently being developed.

Is the service caring?

Good

The service was caring.

People and their relatives told us care staff understood their needs and were compassionate.

Care staff gave us examples of how they treated people with dignity and respect.

The service provided advocacy support and signposted people to appropriate services as required

Is the service responsive?

Good

The service was responsive.

People and relatives were complimentary about the service's ability to respond proactively to their needs.

Care plans were detailed and person centred which helped to ensure care staff had the necessary information to support staff in a responsive way.

People told us they knew how to raise a complaint. There were adequate systems in place to manage people's complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives told us they were happy with the service they received and would recommend the agency.

Governance systems needed to be more robust to help ensure the quality of service provided remained safe and effective.

Staff meetings were held regularly and gave care staff the opportunity to meet as a group and discuss issues relating to their role.

Holistic Social Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 12 June 2017 and the first day was announced. The provider was given 24 hours' notice because the service is a small domiciliary care agency and we wanted to be certain there would be someone available to facilitate our inspection. The inspection was carried out by one adult social care inspector.

Before conducting our site visit, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. We looked at other information we held about the service including notifications. A notification is information about important events including safeguarding and serious injuries to people using the service, which the service is required to send us by law.

We contacted Manchester local authority contracts and commissioning and safeguarding teams, Manchester clinical commissioning group (CCG) and Healthwatch Manchester to find out what information they held about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

With their consent, we visited two people in their homes and spoke with their relatives. We also spoke with the registered manager, a company director and two care workers. We looked at the service's operational records which included its statement of purpose, two care plans and risk assessments, three staff recruitment files, policies and procedures and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives if they received safe care and support from Holistic Social Care Manchester (HSC). They said, "Yes we get safe care" and "I am happy with them (HSC)."

We reviewed two people's care records to see what considerations had been made for assessing risk. Risk assessments should provide clear and person-specific guidance to staff and ensure control measures are in place to manage the risks an individual may be exposed to. We saw risk assessments in place for the physical environment, behaviours that challenge, finance and security, for example. We noted risks to staff members were also considered. This demonstrated the provider's duty of care to its workforce.

The assessments we looked at did not contain the dates they had been carried out. Therefore we could not determine whether or not these risks had been recently reviewed or were up to date as the dates on the documents referred only to when they had been printed. We pointed this out to the registered manager who assured us they were up to date but acknowledged our observation.

We saw in one person's care plan a risk of falls had been identified and their relative told us care staff "helped [person] down the stairs". However we did not see that a risk assessment had been developed to help staff manage this risk. We brought this to the registered manager's attention. We concluded the service had not put appropriate measures in place to mitigate this risk. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of this inspection the service did not support anyone with their medication. This task was undertaken by family members. Training records we looked at indicated some staff had received training in this area.

We saw there were appropriate policies and procedures in place to help ensure safe recruitment processes were followed. We looked at three staff personnel files; these contained a completed application form, record of interviews, photographic identification, written references which had been verified and confirmation of Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. This meant the recruitment process provided assurances that pre-employment checks had been satisfactorily done and staff of suitable character employed.

Staff we spoke with understood their role in helping to keep people safe and gave us examples of how they would do this. They could describe the types of abuse and what they would do should they suspect abuse was occurring. Staff told us they had done safeguarding training and we reviewed the service's training matrix which confirmed this. We saw the provider had an up-to-date safeguarding policy and procedure in place which gave guidance on action to take regarding safeguarding concerns. We were satisfied that people were protected from risk of harm because care staff were aware of how to help ensure they were safe.

The registered manager told us there was sufficient care staff to provide all the calls to people who currently used the service. People and relatives confirmed this. They said their care staff were consistent and they had never missed a visit. The registered manager said new care staff were always introduced to people and their relatives prior to giving care. This meant people were cared for by staff that were familiar with their care needs. The registered manager said staff consistency helped to build rapport between people and the care staff.

Relatives confirmed care staff demonstrated good hygiene practices and used personal protective equipment (PPE) such as gloves and aprons and washing their hands as appropriate. In both homes we visited, we were shown where the PPE provided by the service was kept for staff's use. This meant staff undertook their duties in a safe way which promoted effective infection control helping to keep people safe from infection.

We saw the service had appropriate systems in place for reporting and recording accidents and incidents that took place within the service. We noted two incidents had been reported, none of which had involved people using the service.

Good

Is the service effective?

Our findings

People and their relatives told us the care staff who provided care and support were competent and trained appropriately to undertaken their caring tasks. One person said, "Yes. (I am) happy with them (care staff)." Relatives told us, "They (care staff) are good and do the work very well" and "Staff are very well trained and know what they are doing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and relatives told us care staff always sought their consent prior to carrying out their caring responsibilities. We spoke with the registered manager and care staff about the MCA and their role as care providers in ensuring that people were able to make their own decisions whenever possible. They demonstrated that they had a good understanding of this legislation and its impact on protecting people's best interests at all times. We saw evidence that the registered manager had raised concerns about a person's mental capacity and was involved in the process to determine what actions should be taken to ensure the person's best interests were considered.

In two care records reviewed, we saw consent documents were in place. In one care record, we noted consent to care had been signed by a relative without the appropriate legal documentation in place such as a lasting power of attorney. An 'attorney' is a person with delegated responsibility for their relative to act on their behalf. We raised this issue with the registered manager who explained the relative had signed the form to demonstrate they had been consulted throughout the process. It is important to note that relatives may, and usually should, be consulted about the proposed care and support, and their views taken into account, but this is not the same as consent. They do not have automatic legal authority to provide permission for proposed care or treatment.

The registered manager acknowledged that relatives signing documents was not in keeping with the MCA since the person had capacity to make decisions. They agreed to look at their contract forms to ensure the service was operating with the MCA. We will check at the next inspection to see how the service has embedded this practice.

The registered manager told us and records we looked at confirmed new care staff completed an induction programme. We saw in staff's personnel records an induction checklist which indicated topic areas that had been discussed with the new staff member. These included information about the service, health and safety issues, and key policies and procedures such as safeguarding and infection control. We saw staff had undertaken mandatory training in topics such as moving and handling, medication and mental capacity assessment. Copies of training certificates were seen in staff files. Care staff told us and we saw in their personnel records they shadowed more experienced staff or the registered manager prior to carrying out

tasks unsupervised. This practice helped to ensure staff were capable and confident to undertake the work.

The training matrix we looked at did not contain a schedule of on-going / refresher training that should be undertaken by staff. However we noted that an action had been raised at a recent management meeting for the registered manager to develop a programme of on-going and future training for staff. We will check at the next inspection to see what progress has been made in this area.

The registered manager told us care staff would have supervision sessions four times a year. This was in keeping with the provider's policy. Care staff we spoke with confirmed they had had supervisions and we saw records indicating these had taken place. Care staff told us the registered manager was supportive and they could approach them for support at any time. This meant staff were supported to help ensure they carried out their roles in a safe and effective way.

No one we spoke with mentioned needing any assistance with arranging healthcare appointments. However, relatives said they knew their care staff would support them if they needed any medical attention. Care staff told us in the event of an emergency they would contact emergency services and inform the office. They said this was what they had learnt at induction and was in keeping with the agency's policy. They told us if they observed that people needed healthcare support, for example, if they were becoming less mobile, they would raise these concerns with the registered manager and also speak with people and their relatives. We saw that people's care plans contained up to date information about their GP, pharmacy that supplied their medication and people's medical conditions. We concluded the service would act proactively to help ensure people received relevant care within appropriate timescales.

Relatives told us the care staff assisted with preparing meals. Meals were prepared according to people's dietary requirements and what they preferred to eat and drink.

Good

Is the service caring?

Our findings

People and their relatives told us they were very happy with the care and support they received from Holistic Social Care and that care staff attending to them were compassionate and supportive. One relative told us the fact that the care staff were able to speak the same language their family member spoke "made a difference". They said, "The carers and my [relative] get on well; I can hear them talking and laughing with (them) when they are in."

The registered manager told us it made a difference to have care staff that had a good understanding of the culture and spoke the same language as people using the service. This helped to develop good rapport between people and care staff who supported them.

The registered manager said they introduced care staff to the people they were supporting before the care duties started. Care staff we spoke with knew the people they supported. One member of care staff said, "We have a chat about things in general. I think we have a good relationship." Another member of staff told us they read people's care plans because "(the care plan) puts things into perspective to provide personalised care."

People and their relatives were always involved in the care planning process. Care records we looked at confirmed this. Relatives said information about what the support their family member required was gathered during their initial assessment and this we saw had been captured in their care records. We were satisfied that people receiving the support and their relatives were consulted in making decisions about the care they received.

Care staff were able to give us examples of how they treated people with dignity and respect. For example, the way in which they announced themselves when entering their homes or before going into people's bedrooms and ensuring doors are closed and curtains drawn before undertaking personal care needs. Relatives confirmed what staff had told us. We concluded that staff sufficiently demonstrated they understood how to maintain people's dignity in a caring and respectful way.

The registered manager was passionate about ensuring people using the service had information to make informed decisions relating to their overall health and wellbeing. They told us they arranged informal drop in sessions in which they provided assistance and information on a range of issues from accessing social services support to arranging assessments for mobility aids.

Good

Is the service responsive?

Our findings

We spoke with two people using the service and their relatives and both parties spoke very positively about how the agency responded to their needs. One relative said, "They are very flexible; for example if I need to change a visit to another day they are always helpful." Another relative told us the service had acted proactively to ensure their family member accessed support to help with their mobility needs.

Care plans had been reviewed in line with the provider's policy which was either every three months or if there were changes in a person's care needs. Care plans we looked at were person centred included detailed information about the person's life and cultural history, work experiences, family and social networks, interests and their likes and dislikes.

Care plans clearly identified the support required according to the person's needs. For example, one person's plan identified that they needed translation services when attending doctor's appointment because they did not speak English very well. In another person's care plan review, we noted relatives expressed their gratitude for the agency's flexibility and how the registered manager and the care staff catered to not just the person's needs but also to the needs of that person's family. These examples demonstrated the service's awareness of the care and support people required and how they acted upon them to ensure responsive care was provided at all times.

We saw staff completed a daily record of the care provided and any observations made. They were also able to monitor people's response to support, thus helping to ensure responsive care was provided at all times.

Relatives told us they knew how to make a complaint if needed but did not have cause to do so. We saw the service had appropriate systems in place to manage complaints and concerns raised. We noted the service had received one complaint in September 2016 and this had been acted on this in a prompt and responsive way. We noted the service had documented and shared with staff the lessons learnt from the incident. This meant the service operated an effective system for managing complaints ensuring that all complaints were investigated and appropriate actions taken as required.

We received positive feedback from one of the clinical commissioning groups in Manchester who had commissioned the agency to provide services. They confirmed the service demonstrated a responsive approach to providing support and told us, "[Registered manager] has been very flexible in meeting this [person's] needs in ensuring the support is person centred and responds to (their) needs. The staff respond to [person's] cultural needs and demonstrate skill in assisting a patient with severe cognitive impairment." The CCG also commented that the registered manager 'showed a willingness to access training' to assist in providing care and support that was responsive to this person's specific health needs.

Requires Improvement

Is the service well-led?

Our findings

People using the service and their relatives told us they would happily recommend this service to others. Relatives said the management team were always helpful and accommodating. One relative said, "If I need something, I call the office." Another relative told us the agency had been very helpful in arranging additional support from social services for their relative.

There was a registered manager in post at the time of this inspection. They were supported with their managerial duties by a company director and a senior care worker. The agency provided services to a small number of people and operated as a 'not for profit' organisation. The registered manager had plans to register as a charity and described the work they did within the local community which included drop in sessions where people using the service could be assisted with accessing various services such as benefits advice and equipment adaptations. Relatives we spoke with confirmed that they had received such support from the service. Commenting on the philosophy of the service, a senior care worker said, "It (the philosophy) is good. (The service) goes the extra mile to help people."

Throughout our inspection, we observed an open management culture that was welcoming and helpful. People using the service, their relatives and staff were all very complimentary about the way the service was led and its managers. Care staff told us the agency was a good service to work for and described the registered manager as "very approachable and helpful". One staff member said, "The managers are really good. They have helped me to come into this job and understand the role."

The registered manager spoke passionately about their vision for the growth of the service. They said their agency provided services to the communities that may have had difficulty accessing social services or had negative experiences with other larger care providers. They said one of their service's strengths was their shared understanding and in-depth knowledge of the culture and language of the people they currently provided support and care to. The registered manager told us they were developing networks within the local community and with other charitable organisations to improve people's access to services.

We checked to see how the service ensured the quality of its care provision was monitored. We saw staff spot checks were done in accordance with the service's policy. These spot checks ensured staff undertook their caring responsibilities safely and effectively.

We asked the registered manager how they sought feedback from people and their relatives about the care and support they provided. They said, "We're very close to our service users. We are in contact with them almost every week." We noted people and their relatives were given the opportunity to provide feedback on the care they received during the staff spot check process. Given the number of people supported we concluded the service's current approach to gathering people's feedback was appropriate.

The registered manager told us they also checked daily care records, medication administration records and care plans were in order when undertaking quarterly reviews. There were no records to substantiate these checks had been undertaken nor what issues, if any, had been identified and addressed. We pointed out to

the registered manager that without a record of these checks it would be difficult to identify patterns and thus take appropriate steps to help ensure issues identified did not happen in future.

Previously discussed in this report, we identified gaps in care records, for example, risk assessments and when we reviewed care records in people's homes, we noted incorrect local authority information contained within them. We concluded more robust quality assurance systems could be implemented to help ensure the registered manager was effectively monitoring the quality of the service provided.

We recommend the provider implements quality assurance arrangements that drive improvements and help to ensure people receive safe and good quality services at all times.

The service had a set of policies and procedures in place to guide staff. These were regularly reviewed and kept up to date. We saw that staff could access them as required and the registered manager told us staff could always approach them should they need clarification or support with any of these.

The registered manager and the staff we spoke with told us there were regular team meetings. We saw the minutes of these meetings which took place monthly and included discussions concerning how the service could develop the coverage of its unique care and support services in the local area, improving the quality of support for their customers, and staff recruitment and training.

We saw eight completed staff satisfaction surveys. These were done every three months, however these forms had not been dated and there was no analysis or conclusions drawn from the outcome. We noted most responses were positive with the majority of people agreeing or strongly agreeing that management was readily available and that they would recommend others to work with the service. Other comments included: "I feel like I'm valued" and "The work is rewarding."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been considered. Regulation 12(1)